

## Tudor East Architectural Approval Request

Homeowner's Name:		Date:	
Mailing Address:		Home Phone:	
Physical Address:		Work Phone:	
Plan Description:			
Desired Time Schedule:	Start Date:	Finish Date:	
modification to your home. P	Please attach any relevant p Declaration of Covenants, C	vations, measurements, and relationships of the lans and/ or specifications. Please consult the conditions and Restrictions regarding building,	
If you have a long lead-time,	you can mail your requests	at 12001 Industry Way #B9; or fax to 345-5173. to Real Estate Unlimited at P.O. Box 110687, approval from your Board of Directors.	

	Note: Please attach samples of paint color and/or finish to be used. These will not be returned; they will be kept by the association, attached to this form.
Contra	actor's Name:
Contra	actor's Phone(s):
Additio	onal Comments:
	Request Approved
	Request Denied
a buildir for their	Please be advised that the Municipality of Anchorage has independent authority to enforce building codes and may require ng permit to be issued. The homeowner is responsible for presenting their design to the MOA, Building Safety Division, approval prior to construction as required. Also, any work proposed in a utility easement will require a Letter of Noncon from that utility and must be attached to this application.
HOA (	Comments:
Signat	ure of Approval:
Date c	of Approval / Disapproval:
Date (	Copy Returned to Homeowner:
The eec	sociation retains original of this two-page document, plus attachments. A copy will be returned to the homeowner for their

records.